ADLER JR. (L. H.)

REPORT OF A CASE OF HYSTERO-EPILEPSY IN A MAN.

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THE patient, J. J. B., æt. twenty, single, was a tall, muscular fellow, whose intellect, if anything, was a little impaired. He was admitted into the nervous ward of the University Hospital, Oct. 26, 1888, under the care of Professor H. C. Wood.

From his mother the following history was obtained: Was of Irish parentage, born in the United States. Family history uncertain but apparently not important. At the age of seven had diphtheria; otherwise was always healthy up to twelve years of age when he fell down a flight of iron stairs at school and struck his head against the last step. He was sliding down the banisters at the time and slipped and fell from the second-story to the bottom of the building. The fall did not harm him greatly as he was not rendered unconscious, nor did he experience much subsequent pain. Since this accident he has complained, more or less, of a localized tenderness upon pressure being made over the region of head struck.

When thirteen years old he had another severe fall, this time through an open hatchway a distance of ten or fifteen feet. Fell upon his side, but with the exception of some slight bruises he escaped

serious injury. Two years later, at the age of fifteen, he became subject to fits. Had never been affected so before. Stated that he was always aware of their oncoming but was not conscious during the attacks. He never falls during these paroxysms, as his knowledge of the arrival of an attack is such that he is enabled to lie down before its onset.

Acknowledges indulging in unnatural abuse of the sexual function, or masturbation, since he was twelve years old. Also states that he has been subject to involuntary seminal emissions, occurring sometimes as often as two or three times during the twenty-four hours. As a result he gradually became depressed and was constantly reminded of the fact that he had ruined himself, as he supposed for life.

His condition upon admission to the hospital was as follows: Physically he was well proportioned and in good general health; mentally and morally he was found deficient. His face was careworn; eyes bloodshot and restless, indicative of his mental excitement. Had used tobacco to excess but under medical advice had stopped it; never indulged in stimulants of any sort.

The frequency of the fits, at this time varied. Sometimes two to three a week; again, he would be free from them for days, but never more than a couple of weeks at a time.

Examination of the viscera was negative. There was slight palpitation of the heart, but not very marked. Firm pressure over the region of the head hurt in the fall, as previously mentioned, caused a cry of pain and provoked considerable emotional excitement, patient saying that unless it was stopped he would have a fit, all the while squirming around and contorting his body as though in great suffering. It was never possible, however, to bring on an attack by this method.

It might be stated here that moral persuasion combined with a sedative medicinal treatment soon brought about a change for the better in the patient's condition, both mentally and morally. The involuntary nocturnal seminal emissions were gradually lessened in number until it now might be said that they are simply physiological.

A description of one of his attacks will suffice to illustrate the rest, and as my notes of his first fit which I witnessed are the fullest account that was recorded, I will give it in detail.

It was fully a week after entrance into hospital that he had one of the paroxysms. Two days previously he complained of a feeling as though a ball was rising up and sticking in his throat, the *globus hystericus* of writers. Soon after this he remarked that an attack was near at hand. This sensation the following day was supplemented by a sort of stupor, associated with a tendency to melancholia, and a noise in head resembling escaping steam, which was most marked upon the right side. The next day about 3 P. M. I was hurriedly sent for, saying that J— was about having a fit. I found him lying in bed. He remarked that his eyes were heavy and misty and that his head felt as though it were expanding and would burst. Soon a twitching of the eyelids was noted; then of the muscles of the face, particularly of the mouth; these were followed by a convulsive tremor which seemed to pass down over the entire body and limbs. Head moved from side to side. Eyes became fixed and staring. He ground his teeth together and some difficulty was experienced in keeping the tongue from being bitten. Respirations became shallow and slow, and at times seemed to stop. A series of convulsive movements next ensued; not, however, of a very marked or active type. These were followed by rigidity of

muscles and pronounced opisthotonos—not of the extreme type but sufficient to attract attention. This attack lasted for about a quarter of an hour and ended by his becoming gradually calm and muscles relaxed. He then sat up in bed and gazed vacantly around. Upon being spoken to, he seemed to understand fully what was said, but his answers were given in a very hesitating way. In about another fifteen minutes from the time the paroxysm started he become quiet and laid down. There was no rise of temperature after the attack. During the spasm he seemed to be unconscious of his surroundings. He remarked afterward that all he could remember of the attack was somebody speaking about the necessity of placing something between his teeth to prevent him biting his tongue, and that he had a queer, confused sound in his head which was probably just before he regained consciousness.

The treatment of this case, directed toward controlling the epileptic seizures, did but little, if any, good; his condition vacillating, sometimes worse, sometimes better. Finally, at the suggestion of Professor Wood, on the 23d of last November, the patient was thoroughly etherized and a circular flap of tissue was cut and dissected up over the region of the tender spot upon the head. The wound thus made was sewed up, dressed antiseptically, and bandaged. He was put to bed and kept there for two weeks. When he recovered from the anæsthetic he was told that the operation had been entirely successful, and that he would not be liable to any more fits; or, if so, they would be very mild in character and would occur at rare intervals.

At end of time, as stated above, he was allowed to get out of bed and put at light work about the ward. At the beginning of this year he was discharged from the house, and up to present writing

—two months and a half since the operation—he has had but two slight returns of former attacks. These were brought on by undue excitement incident to participating in atheletic sports. He is now enjoying excellent health, has no seminal emissions, and shows no tendency to have a further return of the old trouble.

Hystero-epilepsy in the male is a rare affection. The diagnosis is based upon the following points of difference between

Hystero-epilepsy (in this case),	and	True idiopathic epilepsy.
1. Attacks never occurred at night.		1. Frequently occur at night (Da Costa).
2. Never ushered in with a cry.		2. Usually the patient screams at the onset of a paroxysm.
3. Was not the result of heredity.		3. Heredity plays an important factor in its etiology. (According to Gower, 35 per cent.; Hamilton, nearly 50 per cent.)
4. Gradual loss of consciousness.		4. Sudden and complete loss of consciousness.
5. Seldom fell; always knew when attack was coming on.		5. Usually fall, and with frequent serious injury resulting.
6. The frequency of attacks showed no influence upon patient's mental or physical condition; the trouble previously alluded to in this respect being attributed to the results of self-abuse; a fact later fully demonstrated by the result of treatment directed to this trouble.		6. The number of attacks have a decided effect on the mental condition (Mills).
7. Patient was of good physique and well nourished.		7. The reverse of this is true.
8. Only slight distortion of countenance.		8. Distortion of face and eyes usually very great.

Hystero-epilepsy (in this case),	and True idiopathic epilepsy.
9. Pupils reacted to light.	9. Generally the pupils are insensible to light.
10. Convulsions were clonic, as a rule, and equally distributed over entire body.	10. Convulsions often more marked on one side than on the other, and more tonic than clonic; usually, however, the spasms are universal (Wood).
11. Paroxysms were not usually followed by sleep or any perceptible impairment of intellect.	11. It is the exception when attacks are not followed by profound sleep, by headache, and dulness of intellect.

The prognosis here seems to be favorable. The sham operation through which he went, and which effected so decided an influence upon his condition, through the mental impression which it made, will possibly result in a cure.

A somewhat similar case, of a woman, is reported in the *Lancet*,[1] under the title of "Castration in Hysteria," in an hysterical patient who had suffered for years from obstinate vomiting and severe ovarian pains. She became very weak, and finally consented to oöphorectomy as the only hope. The operation —performed under an anæsthetic—was a mockery, the skin only being incised; she was, however, perfectly cured.

At the meeting of the American Neurological Association (June, 1884), in the discussion which followed the reading of a paper by G. L. Walton,[2] Spitzka, of New York, cited a case of Israel's, of Breslau, in which a patient was cured of hystero-

[1] Lancet, vol. ii. p. 588.

[2] A Contribution to the Study of Hysteria as Bearing on the Question of Oöphorectomy.

epilepsy by a sham operation—a superficial incision in the parietes of the abdomen.[1]

It is true that cases supposed to be cured often relapse, but it is hoped that such will not be the result in this incident. The general improvement, both in regard to his sexual organs as well as his mental state, is against a return of the disease. So is the sudden cessation of the attacks, which previously to the operation occurred several times weekly. Likewise, the fact that we have a male to deal with instead of a woman is additionally favorable.

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[1] Mills: Hystero-epilepsy (Pepper's System of Medicine, vol. v. p. 312).

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